

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MICA FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ormond Memorial Art Museum

Mailing Address 78 East Granada Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

City	State	Zip Code
Ormond Beach	FL	32176

Amount of Each Disbursement this Period

-500.00

Purpose of Disbursement
Check written 4/17/2011 - Voided

012

Transaction ID : 0037475

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Winter Park Sidewalk Art Festival

Mailing Address PO Box 597

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

City	State	Zip Code
Winter Park	FL	32790

Amount of Each Disbursement this Period

-500.00

Purpose of Disbursement
Check Written 11/8/2012 Voided

012

Transaction ID : 0037480

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Victim Service Center

Mailing Address 2111 E. Michigan St, Ste. 210

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

City	State	Zip Code
Orlando	FL	32806

Amount of Each Disbursement this Period

-100.00

Purpose of Disbursement
Check Written 3/5/14 Voided

012

Transaction ID : 0037483

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

-1100.00

405.00